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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 19-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

December 18, 2019

Ms. Marie Matthews  
State Medicaid Director  
Montana Department of Public Health and Human Services  
P.O. Box 4210  
Helena, MT 59620

Dear Ms. Matthews:

The CMS Division of Pharmacy team has reviewed Montana's State Plan Amendment (SPA) 19-0001 received in the Denver Regional Operations Group on September 30, 2019. This amendment proposes to allow the Division of Medicaid to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271). This amendment also proposes to allow the Division of Medicaid to comply with the requirements outlined in Montana House Bill 86 regarding a 7-day supply limit for opioid naïve members.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0001 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Montana's state plan will be forwarded by the Denver Regional Operations Group.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.  
Deputy Director  
Division of Pharmacy

cc: Richard C. Allen, Director, Denver Regional Operations Group  
Barbara Prehmus, Denver Regional Operations Group  
Mary Eve Kulawik, Analyst, Montana Medicaid  
Dani Feist, Pharmacy Program Officer, Montana Medicaid  
Dan Peterson, Bureau Chief, Montana Medicaid  
Shannon Sexauer, Pharmacist, Montana Medicaid  
Jennifer Rieden, Acting Division Administrator, Montana Medicaid

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 19-0001	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/01/2019	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Public Law 115-271 Section 1004 Social Security Act Section 1902(a)(30)(A) Social Security Act Section 1905(a)(12)		7. FEDERAL BUDGET IMPACT: a. FFY 20: \$0.00 b. FFY 21: \$0.00 c. FFY 22: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 4.26, Drug Utilization Review Program, 74d, Page 1 of 1  Supplement to Attachment 3.1A and 3.1B, Service 12a, Prescribed Drugs, Pages 1-4 of 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  N/A, New Page  Supplement to Attachment 3.1A and 3.1B, Service 12a, Prescribed Drugs, Pages 1-4 of 4	
10. SUBJECT OF AMENDMENT: The Drug Utilization Review (DUR) Program is being amended to implement the Medicaid DUR provisions included in Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271). Also, the Prescribed Drugs page is being amended to comply with the requirements outlined in House Bill (HB) 86 regarding a 7-day supply limit for opioid naive members.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 9-30-19			
<b>FOI REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 30, 2019		18. DATE APPROVED: December 18, 2019	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Trinia J. Hunt		22. TITLE: Acting Deputy Division Director, WROG	
23. REMARKS:			

State/Territory: MONTANA

Citation  
Public Law 115-271  
Section 1004 &  
1902(a) (85)

Section 4.26

Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment  
(SUPPORT) for Patients and Communities Act Provisions

1. Claims Review Limitations: The state shall perform the following reviews and actions for opioid claim limitations:
  - A. Prospective Drug Utilization Review (ProdDUR) Point of Sale (POS) safety edit for opioid duplicate and early fill and exceeding state defined quantity and dosage limits for clinical appropriateness. A prior authorization shall be required for an override.
  - B. ProDUR safety edit for exceeding state defined Morphine Milligram Equivalents (MME) limits (as recommended by clinical guidelines). A prior authorization shall be required for an override.
  - C. Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
  - D. Retrospective Drug Utilization Review (RetroDUR) shall be performed to identify members receiving concurrent opioids and benzodiazepines and for those receiving concurrent opioids and antipsychotics on an ongoing basis. Education shall be provided to practitioners prescribing these medications.
2. Program to Monitor Antipsychotic Medications by Children: The state shall manage, monitor, and review antipsychotic medications for appropriateness for all children including foster children based on approved indications and clinical guidelines.
3. Fraud and Abuse Identification: The state DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies

MONTANA

Drugs covered by the Medicaid Program are subject to the following limitations:

1. Drugs must be prescribed by a physician or other licensed practitioner who is authorized by law to prescribe drugs and is recognized by the Medicaid program;
2. Maintenance medications may be dispensed in quantities sufficient for a 90-day supply or 100 units, whichever is greater. Other medications may not be dispensed in quantities greater than a 34-day supply except where manufacturer packaging cannot be reduced to a smaller quantity. Opioid prescriptions dispensed to opioid naïve members must not exceed a 7-day supply. The department posts a list of current drug classes which are considered maintenance medications on the department's web site at <http://medicaidprovider.hhs.mt.gov>.
3. Drugs are not covered if they:
  - a. Have been classified as "less than effective" by the Food and Drug Administration (FDA). (Drug Efficacy Study Implementation (DESI) drugs); or
  - b. Are produced by manufacturers who have not signed a rebate agreement with CMS.
4. Nursing facilities are responsible for providing over-the-counter laxatives, antacids, and aspirin to their residents as these items are included in the facility per diem rate determined by the Department.
5. Montana Medicaid will cover vaccines administered in an outpatient pharmacy setting.
6. The Department will reimburse for compounded nonrebutable Active Pharmaceutical Ingredient (API) bulk powders and excipients on the Department's maintained drug formulary.
7. The Department will cover nonprescription folie acid, pyridoxine, and bronchosaline.
8. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
9. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
  - The following excluded drugs are covered:
    - (a) agents when used for anorexia, weight loss, weight gain. Weight gain agents are covered when medically necessary. Agents when used for anorexia and weight loss continue as excluded drugs.
    - (b) agents when used to promote fertility
    - (c) agents when used for cosmetic purposes or hair growth
    - (d) agents when used for the symptomatic relief cough and colds
    - (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride